

SUPPLEMENTAL MEDICAID SCHEDULE KMAP-1**Computation of Legal Fees, Political Contributions,
and****Out-of-State travel not Allowable to KMAP**

1. Legal Fees	0		
2. Political Contributions	0	HOSPITAL	0
3. Out-of-State Travel	0	VENDOR NO	0
4. HICAP ASSESSMENT		PERIOD FROM	
5. Total Non-Allowable Cost	0	PERIOD TO	

Column 1	Column 2	Column 3	Column 4
COST CENTERS	From Medicare Cost report Worksheet B Part 1	Accumulated Costs	Allocated Non-Allowable Costs
6. Inpatient routine Service	Total of Lns. 25-30 & 33	0	0
A. Hospital			
B. Sub Providers (other than Inpatient Hospital)	Lns. 31, 32, 34-36	0	0
7. Ancillary Service Cost Center	Total of Lines 37-59	0	0
8. Outpatient Service Cost Centers	Tot Lns. 60-63	0	0
9. Home Program Dialysis	Ln. 64		0
10. Ambulance Services	Ln. 65		0
11A. Intern-Res. Svc. Not Appr. (I/P) D-2, Ln. 19, Col. 2*	Ln. 70	0	0
11B. Intern-Res. Svc. Not Appr. (O/P) D-2, Line 24, Col. 2*		0	0
12. Other Cost Centers	Ln. 71-94	0	0
13. Non-Reimbursable Cost Centers	Tot. Lns. 96-103	0	0
14. Total Expenses (Sum of Lns. 6-13)		0	0
15. Total Non-Allowable Costs (Line 5)		0	
16. Unit Cost Multiplier (Ln. 15 / Ln. 14)		0.00000000	
17. Non-Allowable Cost Applicable to Inpt. Costs			0
18. Medicaid Inpatient Allowable Cost (Supplemental Worksheet E-3, Part III. Total of Lns. 1 thru 6, excluding all outpt.) divided by the total Inpt. allowable hospital cost (Worksheet B, Part I) See Instructions Attached	0 0		0.000000
19. Medicaid Non-Allowable Cost Line 17 X Line 18			0
20. Medicaid Allowable Cost. Deduct the amount entered on Line 18 from the Title XIX Inpatient Cost on E-3 Part III, Col 1, Line 6			0

OUTPATIENT

21. Non-Allowable cost applicable to outpatient cost from line 8 and 11B.			0
22. Determination of Medicaid Non-allowable Cost. (See Instructions Attached)	0 0		0.000000
23. Medicaid Non-Allowable Outpatient Cost. (Line 21 X Line 22)			0
24. Medicaid Allowable Outpatient Cost. Deduct the amount entered on Line 23 from the Title XIX Outpatient Cost on E-3 Part III Col 2 Line 6			0

* Costs are broken between Inpatient and Outpatient Departments on W/sheet D-2